

FORM RRF-1 (REV. 1-2000)

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 446-2021
http://www.caag.state.ca.us/charities

REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code
11 CCR Sections 311 and 312

Failure to submit this report annually by January 15 may result in the loss of your tax exemption and the assessment of a minimum tax of \$800, plus interest.

If address changed check here ☐ and show changes below *

JUSTGIVE

Name of Organization

2787 CALIFORNIA STREET, 2ND FLOOR

Address (number and street)

SAN FRANCISCO, CA 94115

City or town, State, and ZIP code

State Charity Registration No. CT

112204

Corporate or Organization No.

C 2075991

Employer Identification No.

94-3331010

PART A - ACTIVITIES

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. During your most recent full accounting period did your revenue or assets exceed \$100,000? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (a) If the answer is yes, you are required by Chapter 11 of the California Code of Regulations, § 311 and 312, to attach a check in the amount of \$25.00 to this report. | | |
| 2. For your most recent full accounting period (beginning <u>07/15/99</u> ending <u>02/28/00</u>) list: Gross receipts \$ <u>748,129.</u> Total assets \$ <u>321,040.</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> | | |

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response.

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. For the two years preceding the date you sign this RRF-1 report, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. For the two years preceding the date you sign this RRF-1 report, was there any theft, embezzlement, diversion or misuse of your charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. For the two years preceding the date you sign this RRF-1 report, did your nonprogram expenditures exceed at least 50% of your gross revenues? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. For the two years preceding the date you sign this RRF-1 report, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Organization's area code and telephone number 415/202-9740

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date

Jill Peasley Jill Peasley Chair 10/10/05

REGISTRY OF
CHARITABLE TRUSTS
2000 OCT 17 AM 10:18